C-2 Rev. 06/04



CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)

Section 1				
Name of Candidate or Political Committee and Chairperson CLIFFORD R. BAYER			Office Solich (Iffendiale)	Phisizet Grany)
Mailing Address Change. 8020 W. AMITY RD.	City and Zip	3709	Home Phone 362-5458 0F	Work Phone E
Name of Political Treasurer CLIFFORD R. BAYER				
Mailing Address	City and Zip	3709	Home Phone 362-5058	Work Phone 362-5058
TYPE OF REPORT Directions: To indicate the type of report being filed, fill in the appropriate dates and check the appropriate box(es). See the instructional manual for reporting periods and due dates. This report is for the period from 11 / 18 / 06 through 12 / 31 / 06				
	0 Day Post-Pri 0 Day Post-Ge		Annual Rep	Pre-General Report
☐ Semi-Annual Report (Statewide Candidates Only) Is this Report an amendment? ☐ Yes ☑ No Is this a Termination Report? ☐ Yes ☑ No				
Directions: If you had no contributions or expenditures during this reporting period, check the box next to the statement below, fill in the appropriate dates and sign this report. Be sure to carry forward the appropriate "Calendar Year to Date" figures in Column II, Section IV. I hereby certify that I have received no contributions and have made no expenditures during this reporting period from/				
Section IV To reach your Calendar Year to Date figure: Add this report's Column I figures to the Column II figures of your previous report (except on line 6). Line 1: Cash on Hand January 1, This Year* Line 2: Enter Cash Balance at Close of Last Reporting Period** Line 3: Total Contributions (Enter amount from page 2) Line 4: Subtotal (Add lines 1, 2 and 3) Line 5: Total Expenditures (Enter amount from page 2) Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)** Line 7: Outstanding Debt to Date				
*This same figure should be entered on line 1 of all reports filed this calendar year. **You must report the cash on hand at both the beginning of the reporting period and the close of the reporting period. Note that the closing cash balance for the current reporting period appears on the next report as beginning cash on hand.				
Section V		CERTIFICA'	TION	

Return This Report To: Ben Ysursa Secretary of State PO Box 83720 Boise ID 83720-0080 phone: (208) 334-2852

fax: (208) 334-2282

CLIFFORD R. BAYER ____, hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Cliffol R. Bayer
Signature of Political Treasurer

DETAILED SUMMARY PAGE

Name of Candidate or Committee

CLIFFORD R. BAYER

Report Covering the Period
From __11 _ / 18 _ 06 _ to _ 12 _ / 31 _ / 06

		CONTRIBUTIONS llars (\$50.00) or Less This Period		
	Total Number	Total Amount \$		
UNITEMIZED EXPENDITURES Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period				
	Total Number 7	Total Amount \$ 120		

	Total This Period
Number of Schedule A pages Attached	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ 6
Itemized Contributions (total all Schedule A sheets)	\$ \$
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ p
Number of Schedule B pages Attached	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$ (2000
Itemized Expenditures (total all Schedule B sheets)	\$ 155°°
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	\$ Ø
Total Expenditures (also enter this figure on page 1, Section IV, line 5)	\$ 275 [∞]
Number of Schedule C-2B pages Attached	
Incurred Expenditures	
Outstanding Balance from previous period (from previous report, page 1, Section IV, line 7)	\$
Amount Incurred this period (Total all Schedule C-2Bs - Amount Incurred this Period)	+ \$
Subtotal	= \$
Payment this Period (Total all C-2Bs - Payment this Period)	- \$
Total Outstanding Balance at close of this period (enter on page 1, Section IV, line 7)	= \$ Ø
Number of Schedule C-2A pages Attached	
Pledged Contributions	
Amount Pledged this Period	\$ Ø

SCHEDULE B ITEMIZED EXPENDITURES

Page	of
	1

of Twenty-Five Dollars (\$25.00) or more this period

	•
Name of Candidate or Committee	
CLIFFORD	R. BAYER

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
	1. IDAHO CHOOSES LIFE		
	P.O. BOX 8172	- 00	
12,01,06	BOISE, ID 83707	\$ 50°	\$
	ve Expenditure: CONTRIBUTION - CHRISTMAS EVEN	VT.	
	2 HOUSE GOP CAUCUS STATE HOUSE		
12	STATE HOUSE	\$_30 *	ф.
	Boise, ID 83720	\$	\$
	ve Expenditure: ORGANIZATIONAL SESSION.		
	3. HOUSE OF REP. LOUNGE		
	STATE HOUSE	\$ 75 *	
12,07,06	Boise, ID 83720	\$	\$
Purpose of Abov	ve Expenditure: HOUSE LOUNGE FEE.		
	4.		
		\$	\$
Purpose of Abo	ve Expenditure:		
	5.		
		\$	\$
Purpose of Abov			
	6.		
, ,		\$	\$
Purpose of Abov	ve Expenditure:		
		\$	\$
Purpose of Above Expenditure:			
	8.		
, ,		\$	\$
Purpose of Above Expenditure:			
	9.		
		\$	\$
Purpose of Above Expenditure:			
	Subtotals of Columns A & B	s 155°°	\$
			-
	Total This Page (add columns A & B)		\$_155 °°